

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Agency
City AgencyRegistration District No. 80
Primary Registration District No. 2717
(No. 3 Miles West of Agency, Mo.)File No. 37102
Registered No. _____
St. _____ Ward _____2. FULL NAME James Robert Ray(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 45 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFOpal Rae6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 18917. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 10 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee10. Date deceased last worked at this occupation (month and year) Sept. 1, 1937 11. Total time (years) spent in this occupation 25 Yrs12. BIRTHPLACE (CITY OR TOWN) Agency, Missouri
(STATE OR COUNTRY)13. NAME Andrew Rae14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Scotland15. MAIDEN NAME Agnes Miller16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Scotland17. INFORMANT Opal Rae
(ADDRESS) Agency, Missouri18. BURIAL, CREMATION, OR REMOVAL Agency Cemetery
PLACE Agency, Mo. DATE Oct. 31 19 3719. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.20. FILED Oct. 30 1937 Mrs. Lucy Cornell
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 193722. I HEREBY CERTIFY, That I attended deceased from October 5, 1937 to October 29, 1937I last saw him alive on October 29, 1937 Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisMitral InsufficiencyOther contributory causes of importance: 9205Deformity of spine (Kyphosis) unknown
due to a childhood attack of anterior poliomyelitis

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) Maxwell Day M. D.
(Address) 710 Jules, St. Joseph, Mo.

